

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	L A		10-12-01
O.I.P.E. CLASSIFIER	S O		11/12
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	C S	909	11-9-1
	Request	925	12-17-01
		1113	12-31-01

INDEX OF CLAIMS

..... Rejected N Non-elected-
 Allowed I Interference
 Canceled A Appeal
 Restricted O Objected
..... (Through numeral)

Claim	Date
Final	Original
1	✓
2	✓
3	✓
4	✓
5	
6	
7	
8	
9	
10	
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	✓✓
26	✗✗
27	✗✗
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	
38	✓
39	✓
40	
41	
42	
43	
44	✓✓
45	✓✓
46	✓✓
47	✓✓
48	✓✓
49	✓✓
50	✓✓

Claim	Date
Final Original	
51	+ 05/02/02
52	20 05/02/02
53	
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82	X X X
83	+ 05/02/02
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100	V 05/02/02

Claim	Date
Final	Original
101	2/29/82
102	
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123	X
124	X
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149	N
150	N

If more than 150 claims or 10 actions
staple additional sheet here

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